

Rhode Island Department of Business Regulation  
Application for Medical Marijuana Cultivator License

The undersigned attests that the Applicant organization understands that all relevant parties must apply for a registry identification card and pass a criminal background check in accordance with the Act and the Regulations before engaging in cultivator activities.

Authorized Signatory

10/31/2016

Date

Joseph Palazzo Jr  
Printed Name

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

**Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

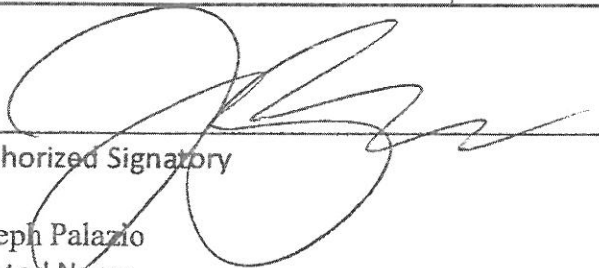
Joseph Palazzo	Owner			App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02910	
Best Buds Nursery LLC				
Ruben Rey	Owner			App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Cranston	RI	02905	
Best Buds Nursery				
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ( )
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ( )

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**Part II:** Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest

  
 \_\_\_\_\_  
 Authorized Signatory  
 Joseph Palazio  
 Printed Name

10/31/2016  
 \_\_\_\_\_  
 Date

  
 Ruben Rey II

11/17/2016